

Request for Address Change (Form AL-A)

Please use this form to request an address change. Note that according to Section 27-7-17(B), Code of Alabama 1975, a licensee is required to notify the Department of Insurance of an address change within 30 days of that change. Failure to comply with this statute will result in a \$50.00 fine.

PLEASE PRINT OR TYPE: (ALL INFORMATION IS REQUIRED UNLESS OTHERWISE NOTED)

Licensee's Full Name: _____

National Producer # or FEIN: _____ License #: A _____

E-Mail Address: _____

Home Phone #: (Individual Licensees Only) _____

Business Phone #: _____

Fax #: _____

Date of Request: _____

COMPLETE THE FOLLOWING IF APPLICABLE:

Home Address Change: _____

Business Address Change: _____

Licensee's mailing address must be provided below, even if it is the same as an address change indicated above. This will be the address to which all Producer Licensing documents will be mailed.

Mailing Address: _____

Mailing address is: (Check One) Home _____ Business _____ Other _____

Please mail this request to:

**ALABAMA DEPT OF INSURANCE
 PRODUCER LICENSING DIVISION
 P O BOX 303351
 MONTGOMERY, AL 36130-3351
 (334) 240-3282**

Or fax to: